



Stony Brook
Medicine

Date 4/29/2021

RENAISSANCE SCHOOL OF
MEDICINE AT STONY BROOK
UNIVERSITY
Office of Student Affairs

American Urological Association
Division of Member Services
1000 Corporate Boulevard
Linthicum, MD 21090
Phone: 410-689-3700

Stony Brook, NY 11794-8436
P 631.444.2341
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Re: Applicant for AUA Medical Student Membership

Robert Sampson

This letter verifies that _____ is currently enrolled as a
(Name)

Medical Student at _____ Stony Brook University School of Medicine _____ and is in good standing.
(Institution)

Their expected date of graduation is _____ May 2023
(Month, year)

I am recommending this individual to be accepted as a Medical Student Member in the American Urological Association.

Best regards,

Caroline Lazzarulo
(Name)

Caroline Lazzarulo
(Signature)

Registrar

(Title)

631-444-9547

(Telephone)

Caroline.Lazzarulo@StonyBrookmedicine.edu
(E-mail)

*Note: This form should be printed on the institution's letterhead